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In re Reissue Application of:

Docket No. 03500.005745.36

SEISHIRO YOSHIOKA ET AL.

Application No.: 09/384,326

Examiner: M. Day

Filed: August 26, 1999

Group Art Unit: 2879

For: FLAT PANEL DISPLAY INCLUDING  
ELECTRON EMITTING DEVICE

Date: May 6, 2003

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED  
MAY 13 2003  
TECHNICAL CENTER 2800

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

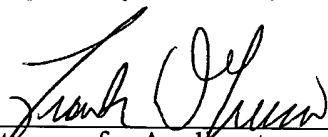
The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2)		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
CLAIMS IN EXCESS OF TWENTY AND ALSO IN EXCESS OF THE NUMBER OF CLAIMS IN THE ORIGINAL PATENT	*	MINUS	**			
	47		47	0	x \$9 \$18	0.00
INDEPENDENT CLAIMS IN EXCESS OF THE NUMBER IN THE ORIGINAL PATENT	*	MINUS	***			
	3		5	0	x \$42 \$84	0.00
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0.00

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$ 110.00 to cover the fee for a one-month extension is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
\_\_\_\_\_  
Attorney for Applicants

Registration No. 42,476

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